

# **Response to the consultation on the review of the *No Secrets* guidance**

Submission by the  
Joseph Rowntree Foundation

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The Joseph Rowntree Foundation (JRF) is pleased to submit the following response to the Department of Health's consultation on the review of the *No Secrets* guidance. We would be happy to supply any further information as required.

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The Joseph Rowntree Foundation is one of the largest social policy research and development charities in the UK. For over a century we have been engaged with searching out the causes of social problems, investigating solutions and seeking to influence those who can make changes. JRF's purpose is to search, demonstrate and influence, providing evidence, solutions and ideas that will help to overcome the causes of poverty, disadvantage and social evil.

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## **Introduction**

JRF's search to understand and improve the experiences of older people and disabled people in society is central to our work on social policy and practice. We have a unique perspective through our research (including research with and by service users) and our operation as a provider of housing and social care.

JRF welcomes the review of the *No Secrets* guidance. We have no proof of the effectiveness of *No Secrets* implementation. However, we hope that our response, that includes related evidence in answer to questions asked by the consultation, will be informative.

## **Q2a: Should we be doing more work on prevention?**

### **Communication**

Many individuals *can* communicate their views if imaginative approaches are used, staff are trained and supported, and organisational barriers to communication are addressed. This includes those who are seriously ill (4), have serious degenerative diseases (5), aphasia (8) or even dementia (6). Communication tools such as **Talking Mats** (7) seem to have a lot of potential and could be much more widely promoted: not only among social care staff, but amongst those in other sectors such as housing, community and criminal justice.

### **Preventing abuse in residential and nursing care homes**

In 2008, we published research highlighting the particular vulnerability of both residents and staff in care homes **at night** (9, 12). The first of these studies recommends routine inspections by regulators at night time (not just late evening and early morning), more training and inclusion of night staff, and more frequent presence of the manager at night.

The prevention and detection of abuse depends on a good level of routine healthcare for all sections of the population. A recent review (3) found that medical cover for care home residents is sub-optimal.

A JRF evaluation of a joint NHS-Local Authority initiative to provide a dedicated nursing and physiotherapy team to three care homes (19) found that such an approach could aid early detection of health problems and improve quality of life.

### **Q3: Would an outcomes framework for safeguarding adults be useful?**

Any outcomes framework would be strengthened if it included **longer-term outcomes** as well as those relating to disclosure and 'rescue'.

JRF evidence highlights ignorance of the longer-term **health impacts** of abuse, both within and beyond the health service. A study of male abuse victims (1) found many in very poor health, with the majority needing (but rarely receiving) full medical assessments. A study of female victims (2) highlighted examples of permanent internal damage resulting from physical attack; chronic eating disorders; self harm/neglect; suicidal tendencies; nightmares and flashbacks.

These studies also indicate the importance of **counselling** after abuse (1, 2) and of providing **information** in three areas: 1) housing opportunities after the immediate crisis of leaving home; 2) money – benefits and gaining access to accounts jointly held with the abuser; 3) legal entitlements and procedures (such as planning ahead for divorce).

### **Q3c: How can we learn from people's experiences of harm and their experiences of the safeguarding process in order to improve safeguarding?**

Research on the **experience of the victims** of abuse brings new knowledge. Two qualitative studies of male and female victims respectively (1, 2) have increased JRF's understanding of the health impacts of abuse, how men and women are treated differently, and the importance of long-term support after abuse.

Research *by* people with experience of the safeguarding process is also very important. Although such an approach takes time, it can be very valuable in discovering what happens to people from their point of view. Work by Shaping our Lives (18) highlighted two activities as central to making user involvement work. These are: people being able to get together to work collectively for change and mutual support, and the importance of making known their own experience, views and ideas.

Learning from people who experience harm also relates to ‘the definition problem’. JRF’s evidence from victims themselves (2) is that *they* are able to define abuse clearly, and to disclose extensive types of abuse they have experienced.

### **Q7a: Do we need stronger policy links between safeguarding and community development and empowerment?**

JRF evidence confirms the importance of linking the government’s community empowerment agenda, and its commitment to lifetime homes, with the issue of people’s safety in communities:

- A study of older female abuse victims found they agreed that abuse includes the fear of crime within the local community (2).
- Living in the community can reduce isolation and possibility of abuse. Researchers with learning difficulties (11) found that people with learning difficulties who lived more independently and had more choices were more included in their community and knew more people.
- A study of older people in housing with care schemes (14) found that some tenants are at particular risk of social exclusion: people who have recently moved in; people who don’t receive regular contact from family or friends; and people who have impaired mobility and/or reduced cognitive function. Key working systems can help.

### **Q8j: Financial abuse: Is there a need to explore the most common types and most effective responses?**

Financial abuse was the most common form of abuse experienced by male victims in one study (1). Research by people with learning difficulties (11) suggested that this group often only has limited control of their money, though it was unclear what an ideal approach might be. There is continuing potential for financial abuse of people with learning difficulties by formal or informal carers now that personal budgets are becoming more mainstream.

### **Q8o: What else do you think would make a difference?**

The foreword to the consultation document states: *‘Safeguarding will only work if professionals work to empower people who may have all sorts of disabilities to stand up in court’*. We agree it is essential that those who have communication difficulties are fully supported in providing accurate statements and helped to proceed through the judicial system. There may be potential for low-tech communication tools

such as **Talking Mats** to help people with communication difficulties disclose and report abuse.

## **An equalities perspective**

The consultation document raises the need '*to look at safeguarding issues from an equalities perspective*' and refers very briefly to people from black and minority ethnic (BME) backgrounds. However, it makes little mention of what a response to the specific needs of 'minority' groups should look like. JRF evidence highlights the importance for any review to take account also of the specific needs of men (1), and disabled women (17).

## **Training needs**

A number of specific training needs must be addressed to safeguard adults from abuse, and ensure an appropriate response:

- skills in communication techniques (4,6,7,8);
- long-term support – counselling and practical advice (1,2);
- understanding the perspective of the victim (1, 2, 11, 16, 18);
- supporting inclusion of those most at risk of exclusion (14);
- understanding health needs (1), pain, nutrition and appropriate/inappropriate use of drugs (3,12);
- awareness of the range of abuse (2);
- specifically for night staff: responding to people with dementia, supporting continence, recognising and managing pain, supporting good hydration and nutrition during the night (9);
- knowledge of the 'supported decision-making' model and people's legal rights (10); and
- understanding of sexuality and disability (13, 15).

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